

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Stamp (received)  
JUN 28 2016  
Bayfield Co. Zoning Dept.

Permit #:	16-0196
Date:	7-11-16
Amount Paid:	\$117
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
Christopher L. Atkeken		73450 Andrews Rd.		Washburn, WI 54891					
Address of Property:		City/State/Zip:		City/State/Zip:		Cell Phone:			
73450 Andrews Rd.		Washburn, WI 54891				223-5826			
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-058-2-48-05-16-301-008-2000		Recorded Document: (i.e. Property Ownership)		Volume 242 Page(s) 388	
1/4, 3/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
1/4, 3/4, 1/4									
Section 16, Township 48 N, Range 5 W		Town of:		Washburn		Lot Size		Acreage	
								23	
<input type="checkbox"/> Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If Yes--continue -->		Distance Structure is from Shoreline: 150 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If Yes--continue -->		Distance Structure is from Shoreline: feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$34,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	New Construction		<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							Addition/Alteration		<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>addition</u>	<input type="checkbox"/> Well
							<input checked="" type="checkbox"/> Conversion		<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists)	Specify Type: <u>addition</u>	<input type="checkbox"/> Well	
							<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)			
							<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
				<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None							

Existing Structure: (if permit being applied for is relevant to it)	Length: 59'	Width: 46'	Height: 20'2"
Proposed Construction:	Length:	Width:	Height:

Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	( ) X )		
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X )		
		with Loft	( ) X )		
		with a Porch	( ) X )		
		with (2nd) Porch	( ) X )		
		with a Deck	( ) X )		
		with (2nd) Deck	( ) X )		
		with Attached Garage	( ) X )		
		Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( ) X )		
		Mobile Home (manufactured date)	( ) X )		
		Addition/Alteration (specify)	( ) X )		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Accessory Building (specify)	(40 X 54)	2160	
	<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) X )		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>				
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	( ) X )		
	<input type="checkbox"/>	Conditional Use: (explain)	( ) X )		
	<input type="checkbox"/>	Other: (explain)	(40 X 54)	2160	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
and (a) responsible for the detail and accuracy of all information (i) (we) am (are) providing in or with this application, (i) (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Christopher L. Atkeken Date 6-25-16  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 73450 Andrews Rd. Washburn, WI 54891  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>389480</u>	# of bedrooms: _____	Sanitary Date: <u>5/24/02</u>
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>16-0196</u>		Permit Date: <u>7-11-16</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: _____		Zoning District _____ Lakes Classification (N/A)		
Date of Inspection: <u>7-11-16</u>		Inspected by: <u>CLARENCE MERTS</u>		Date of Re-Inspection: _____
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
<u>Building shall not be used for human waste habitation and/or sleeping purposes.</u>				
Signature of Inspector: _____				Date of Approval: <u>7-11-16</u>
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____





#4  
SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
JUL 07 2016  
Bayfield Co. Zoning Dept.



Permit #:	116-0800
Date:	7-13-16
Amount Paid:	\$775
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Julie Van Stapper	Mailing Address: 77545 Church Corner, Washburn, WI 54891	City/State/Zip: Washburn, WI 54891	Telephone: 715-373-0718
Address of Property: 77545 Church Corner Road		City/State/Zip: Washburn, WI 54891	Cell Phone: 715-309-0158
Contractor: self	Contractor Phone: -	Plumber: -	Plumber Phone: -
Authorized Agent: (Person Signing Application on behalf of Owner(s)) -		Agent Phone: -	Agent Mailing Address (include City/State/Zip): -
PROJECT LOCATION: SE 1/4, NE 1/4		PIN: (23 digits) 050-2-49-05-28-72	Recorded Document (i.e. Property Ownership) Volume 705 Page(s) 15
Gov't Lot: 132	Lot(s) CSM: 952	Vol & Page: 6 P187	Block(s) No. 132
Section 28, Township 49 N, Range 5 W		Town of: Washburn	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$600.00	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: -	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: -	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: C&S	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> -	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: C&S	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> -
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> -	<input type="checkbox"/> -	<input checked="" type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> -
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> -	<input type="checkbox"/> -	<input checked="" type="checkbox"/> None	<input type="checkbox"/> -	<input type="checkbox"/> -
<input type="checkbox"/> -	<input type="checkbox"/> Foundation	<input type="checkbox"/> -	<input type="checkbox"/> -	<input checked="" type="checkbox"/> None	<input type="checkbox"/> -	<input type="checkbox"/> -

Existing Structure: (if permit being applied for is relevant to it)	Length: 34'	Width: 12'	Height: 10'
Proposed Construction:	Length: 34'	Width: 12'	Height: 10'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
	<input type="checkbox"/> with Loft	( X )	
	<input type="checkbox"/> with a Porch	( X )	
	<input type="checkbox"/> with (2nd) Porch	( X )	
	<input type="checkbox"/> with a Deck	( X )	
	<input type="checkbox"/> with (2nd) Deck	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( X )	
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( X )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	( X )	
	<input checked="" type="checkbox"/> Accessory Building (specify) shed	( 24 X 12 )	288
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( X )	
	<input type="checkbox"/> Special Use: (explain)	( X )	
	<input type="checkbox"/> Conditional Use: (explain)	( X )	
	<input type="checkbox"/> Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Julie Van Stapper Date 7/17/16  
(if there are Multiple Owners listed on the Deed All Owners must sign or (after(s) of authorization must accompany this application)  
Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date  
Address to send permit 77545 Church Corner Road, Washburn, WI 54891  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Air photo site ①

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

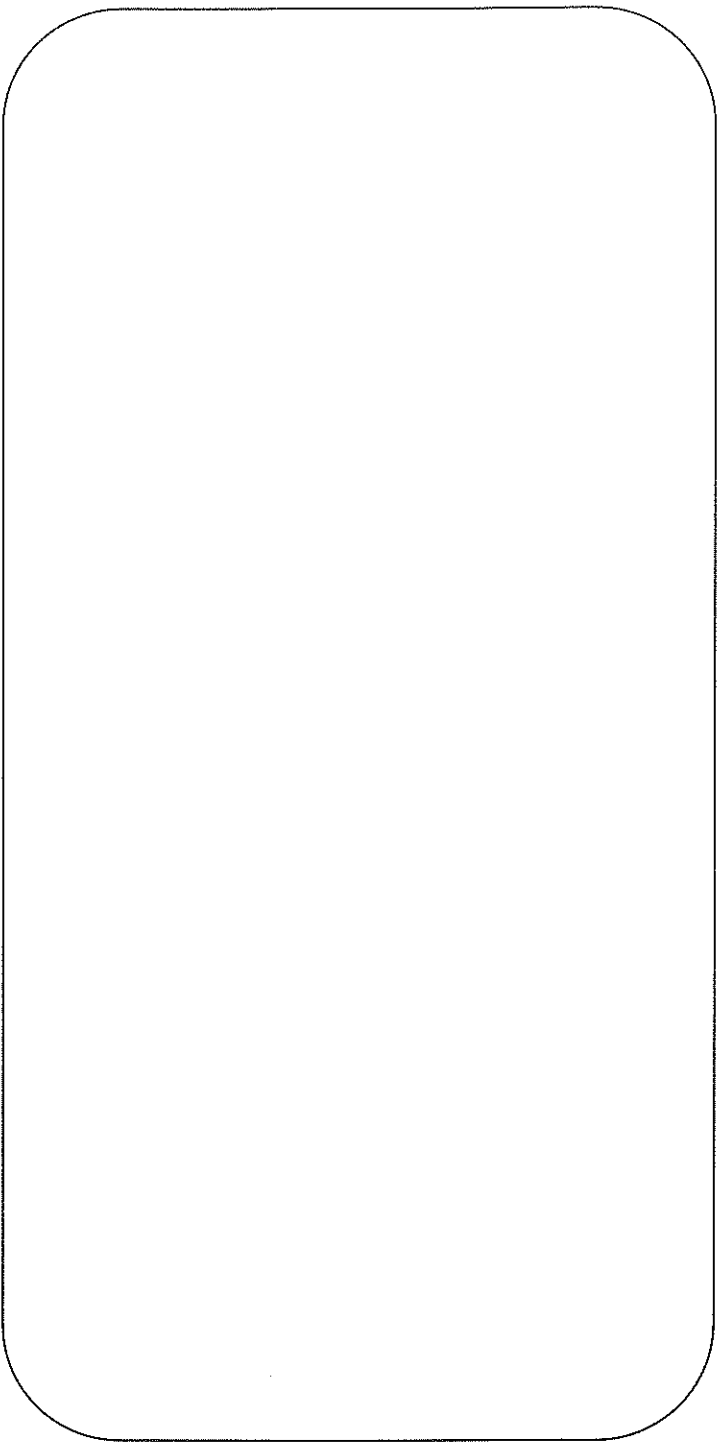
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	530 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	340 Feet	Setback from the Bank or Bluff	235 Feet
Setback from the South Lot Line	118 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	1367 Feet	20% Slope Area on property	? Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	530 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	88 Feet
Setback to Drain Field	150 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0200	Permit Date: 7-13-16			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously/Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:				
Date of Inspection: 7-12-16	Inspected by: J. D. [Signature]	Zoning District: AC-1	Lakes Classification: (N/A)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No — (If No they need to be attached.) Building shown not BE used for shower installation or storage purposes.				
Signature of Inspector: [Signature]				Date of Approval: 7-13-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

1. Wood Shed
2. Chicken Coop





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUL 07 2016

Permit #:	16-0001
Date:	7-13-16
Amount Paid:	\$175
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Jolie Van Stepper		Mailing Address: 77545 Church Corner Rd. Washburn, WI 54891		City/State/Zip: Washburn, WI 54891		Telephone: 715-373-0718
Address of Property:		77545 Church Corner Road		City/State/Zip: Washburn, WI 54891		Cell Phone: 715-209-0158		
Contractor:		-		Contractor Phone: -		Plumber: -		Plumber Phone: -
Authorized Agent: (Person Signing Application on behalf of Owner(s))		-		Agent Phone: -		Agent Mailing Address (Include City/State/Zip): -		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-050-2-49-05-28-1-04-00-2000		Recorded Document: (file: Property Ownership) Volume 703 Page(s) 15		
SE 1/4, NE 1/4		Gov't Lot		Lot(s)		Vol & Page		Lot(s) No.
				1/2		6/18/7		142
Section 28, Township 49 N, Range 5 W		Town of: Washburn		Lot Size		Acreage		
								14.27
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →		Distance Structure is from Shoreline: feet				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$1200	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ONLY	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 16'	Height: 12'
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	with Loft	( )	
	<input type="checkbox"/>	with a Porch	( )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( )	
	<input type="checkbox"/>	with a Deck	( )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( )	
	<input type="checkbox"/>	with Attached Garage	( )	
	<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( )	
	<input type="checkbox"/>	Addition/Alteration (specify)	( )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) Chicken Coop	(24 x 16)	384
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( )	
Rec'd for Issuance	<input type="checkbox"/>			
JUL 13 2016	<input type="checkbox"/>	Special Use: (explain)	( )	
	<input type="checkbox"/>	Conditional Use: (explain)	( )	
Secretarial Staff	<input type="checkbox"/>	Other: (explain)	( )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jolie Van Stepper

(If there are Multiple Owners listed on the Deed All Owners must sign (letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 77545 Church Corner Road, Washburn WI 54891

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

Attach

Copy of Tax Statement

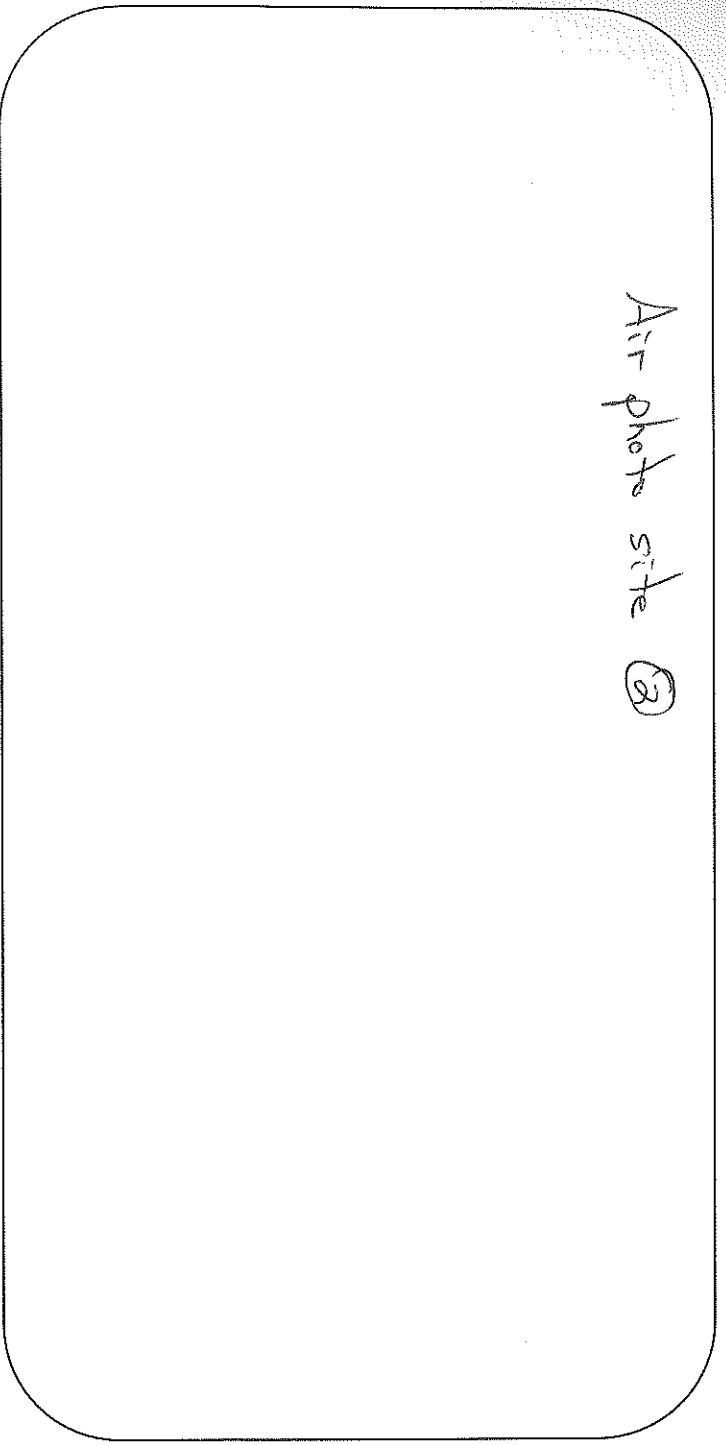


Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:  
(2) Show / Indicate:  
(3) Show Location of (\*):  
(4) Show:  
(5) Show:  
(6) Show any (\*):  
(7) Show any (\*):

**Proposed Construction**  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%

Air photo site ③



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	676 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	382 Feet	Setback from the Bank or Bluff	265 Feet
Setback from the South Lot Line	118 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	662 Feet	20% Slope Area on property	? <input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	676 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	265 Feet	Setback to Well	147 Feet
Setback to Drain Field	265 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

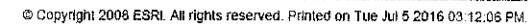
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0201		Permit Date: 7-13-16				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:						
Date of Inspection: 7-12-16	Inspected by: [Signature]	Zoning District: [Signature]		Date of Re-Inspection: [Signature]		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
Building shall not be used for temporary storage or storage purposes.						
Signature of Inspector: [Signature]						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 7-13-16		





1. Wood Shed
2. Chicken Coop

